

IPDR6702		NORTH CAROLINA					PAGE: 1	
RUN DATE: 01/13/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/13/2004						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM	11	280	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		0	0		0	280	438	158
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	0	0
3404905	TREND COMM MENT	21	919	DUPLICATE OF CLAIM-SYSTEM				
	AL HLTH CTR							
		8599	223	DETAIL NOT COVERED BY COMBINAT	4	1419	3523	2104
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	156	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404907	RUTHERFORD-POLK	21	96	DUPLICATE OF CLAIM-SYSTEM				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE	0	139	243	104
				DATE				
		8622	21	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8505	3442	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8502	74	CLAIM DENIED DUE TO INSUFFICIE	0	3644	4108	464
				NT ALLOTMENT				
		11	56	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8931	388	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8599	228	DETAIL NOT COVERED BY COMBINAT	510	825	5755	4930
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	69	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404913	MECKLENBURG COM ENTAL HEALT	11	3456	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	2094	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	513	6927	21209	14282
		120	251	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404916	CROSSROADS BEHA VIOAL HEAL	11	62	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	62	253	191
3404917	CENTERPOINT HUM AN SERVICES	8599	248	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	113	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	226	866	6169	5303
		8326	104	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	73	CLIENT NOT ELIGIBLE ON SERVICE DATE	26	322	3066	2743
		8505	43	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	2443	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	286	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	272	3576	6307	2731
		8599	260	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1409	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	190	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	33	1695	4267	2572
		191	34	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404921	ORANGE PERSON C HATHAM AREA	5312	2680	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	2424	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	33	7101	10337	3236
		21	859	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404922	THE DURHAM CENT ER	21	2242	DUPLICATE OF CLAIM-SYSTEM				
		120	1212	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	12	4247	5581	1334
		8599	642	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8599	345	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	129	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	577	4763	4132
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404924	PIEDMONT AREA M H/DD/SAS	8525	143	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		191	15	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	160	160	0
		143	2	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1469	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	333	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	196	2182	4983	2801
		8935	121	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	1794	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	1375	CLIENT NOT ELIGIBLE ON SERVICE DATE	2250	7988	13843	5855
		8931	1086	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8505	1337	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	197	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	1781	5577	3796
		5404	51	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404929	LEE HARNETT MH/ DD/SAS	21	156	DUPLICATE OF CLAIM-SYSTEM				
		11	109	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	382	5268	4886
		8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	145	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	174	218	2299	2080
		8935	20	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	21	1698	DUPLICATE OF CLAIM-SYSTEM				
		8599	689	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	358	3831	16465	12634
		11	435	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404932	RANDOLPH/SANDHI LLS CO MH C	21	3155	DUPLICATE OF CLAIM-SYSTEM				
		8599	181	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	187	3836	8547	4711
		8931	115	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	400	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8000	120	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	87	1014	6492	5478
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow COUNTY B EHAVIORAL H	21	359	DUPLICATE OF CLAIM-SYSTEM				
		8505	152	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	43	1015	2417	1402
		8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	32	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8505	28	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	54	166	3927	3761
		8932	20	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGECOMBE NASH MNTL HLTH C	8505	464	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	393	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	343	1781	8713	6932
		8935	235	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404938	HALIFAX COUNTYM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	11	467	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	100	1197	4189	2992
		120	133	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404941	PITT CO MH/DD/S AS CENTER	120	30	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		191	23	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	4	122	594	472
		8000	17	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	58	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	305	2420	2115
		8000	44	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS
					DENIALS	DENIALS	FINALIZED
							PAID
3404943	ALBEMARLE MENTAL HEALTH CE	8505	154	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	39	342	2009
		8932	22	CMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404944	EASTPOINTE HUMAN SERVICES	8599	73	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	61	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	131	353	6353
		8935	55	ASTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404946	FOOTHILLS AREA MENTAL HEALTH	11	175	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		7007	49	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)	0	224	277
3404957	TIDELAND MENTAL HEALTH CTR	8599	246	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	78	CLIENT NOT ELIGIBLE ON SERVICE DATE	155	568	1529
		8931	67	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.			
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404979	NEW RIVER AREA H/DD/SA PRO	11	175	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		21	62	DUPLICATE OF CLAIM-SYSTEM	8	349	3304
		8599	36	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			